|  |  |   |                        |              |                                     |                  |          | 7                            | 00                                    | 7/8 | ,<br>229.P                    | &/_                    |  |
|--|--|---|------------------------|--------------|-------------------------------------|------------------|----------|------------------------------|---------------------------------------|-----|-------------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000     |  |   |                        |              |                                     |                  |          | Application or Docket Number |                                       |     |                               |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |                        |              |                                     |                  |          | SMALL ENTITY TYPE            |                                       |     | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS   |  |   | 3                      |              |                                     |                  | ſ        | RATE                         | FEE                                   |     | RATE                          | FEE                    |  |
| FOR  |  |   | NUMBER FILED           |              | NUMBER EXTRA                        |                  | 8        | BASIC FEE                    | 355.00                                | OR  | BASIC FEE                     | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | ろ <sub>minus 20=</sub> |              | •                                   |                  |          | X\$ 9=                       | · · · · · · · · · · · · · · · · · · · | OR  | X\$18=                        |                        |  |
| INDE   | PENDENT CL                                     | AIMS                                      | <b>२</b> minus 3 =     |              | •                                   |                  |          | X40=                         |                                       | OR  | X80=                          |                        |  |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM P                              | RESENT                 |              |                                     |                  |          | +135=                        |                                       | OR  | +270=                         |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                        |              |                                     |                  | L        | TOTAL                        | 355                                   | OR  | TOTAL                         |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |  |   |                        |              |                                     |                  |          | SMALL E                      | NTITY                                 | OR  | OTHER<br>SMALL I              | 1                      |  |
| NT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                        | NUA<br>PREV  | HEST<br>MBER<br>IOUSLY<br>D FOR     | PRESENT<br>EXTRA |          | RATE                         | ADDI-<br>TIONAL<br>FEE                |     | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT  | Total  | . 9                                       | Minus                  | 0            | 20                                  | =                |          | X\$ 9=                       | 1                                     | OR  | X\$18=                        |                        |  |
| AMER   | Independent                                    | . 2                                       | Minus                  | ··· <u> </u> | 3                                   | =  -             |          | X40=                         |                                       | OR  | X80=/                         |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                        |              |                                     |                  |          | +135=                        |                                       | OR  | +270=                         |                        |  |
|  |  |   |                        |              |                                     |                  | <u>ا</u> | TOTAL<br>ADDIT, FEE          |                                       | OR  | OTAL<br>ADDIT, FEE            |                        |  |
|  | (Column 1) (Column 2) (Column 3)               |   |                        |              |                                     |                  |          |                              | ·                                     | _   | . /                           |                        |  |
| MENT B   |  | CLAIMS REMAINING AFTER AMENDMENT          | EMAINING               |              | SHEST<br>IMBER<br>VIOUSLY<br>D FOR  | PRESENT<br>EXTRA |          | RATE                         | ADDI-<br>TIONAL<br>FEE                |     | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| IDME   | Total  | •   | Minus                  | ••           |                                     | =                |          | X\$ 9=                       |                                       | OR  | X\$18=                        |                        |  |
| AMEND  | Independent                                    | •   | Minus                  | ***          |                                     | =                |          | X40=                         |                                       | OR  | X80=                          |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                        |              |                                     |                  |          | +135=                        |                                       | OR  | +270=                         |                        |  |
|  |  |   |                        |              |                                     |                  | Ė        | TÖTAL<br>ADDIT. FEE          |                                       | OR  | TOTAL<br>ADDIT. FEI           |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                        |              |                                     |                  |          |                              |                                       |     |                               |                        |  |
| NT C   |  | CLAIMS REMAINING AFTER AMENDMENT          |                        | NL<br>PRE    | GHEST<br>JMBER<br>VIOUSLY<br>JD FOR | PRESENT<br>EXTRA |          | RATE                         | ADDI-<br>TIONAL<br>FEE                | -   | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| <b>JOME</b>  | Total  |   | Minus                  | ••           |                                     | =                |          | X\$ 9=                       |                                       | OR  | X\$18=                        |                        |  |
| AMENDMENT  | Independent                                    | 1.  | Minus ,                | •••          |                                     | =                |          | X40=                         |                                       | OR  | X80=                          |                        |  |
|  | FIRST PRES                                     | ENTATION OF                               | MULTIPLE DE            | PENDE        | NT CLAII                            | <u> </u>         | ]        |                              | 1                                     | ╣   | <b> </b>                      | -                      |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\* TOTAL ADDIT. FEE OR ADDIT.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

+135=

+270=

OR ADDIT. FEE